

|   |                              |   |   |   |                      |
|---|------------------------------|---|---|---|----------------------|
| <b>REQUEST FOR QUOTATION<br/>(THIS IS NOT AN ORDER)</b>   |                              | THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE  |   | PAGE OF PAGES<br>1 11                     |                      |
| 1. REQUEST NO.<br>N00173-13-Q-0059  | 2. DATE ISSUED<br>12-31-2012 | 3. REQUISITION/PURCHASE REQUEST NO.<br>82-0013-13   | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 <span style="float: right;">RATING</span>  |   |                      |
| 5a. ISSUED BY   |                              |   | 6. DELIVER BY (Date)<br>02/19/2012  |   |                      |
| 5b. FOR INFORMATION CALL (NO COLLECT CALLS)   |                              |   | 7. DELIVERY<br><input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) |   |                      |
| NAME<br>Nicole Coleman  |                              | TELEPHONE NUMBER<br>AREA CODE 202 NUMBER 767-2474   |   | 9. DESTINATION                            |                      |
| 8. TO:  |                              |   | a. NAME OF CONSIGNEE<br>Naval Research Laboratory   |   |                      |
| a. NAME<br>All Quoters  |                              | b. COMPANY  |   | b. STREET ADDRESS<br>4555 Overlook Ave SW |                      |
| c. STREET ADDRESS   |                              |   | c. CITY<br>Washington   |   |                      |
| d. CITY   |                              | e. STATE  | f. ZIP CODE   | d. STATE<br>DC                            | e. ZIP CODE<br>20375 |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)<br>01/11/2013 |                              | IMPORTANT: This is a request for information, and quotations furnished are not officers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter. |   |   |                      |

**11. SCHEDULE (Include applicable Federal, State and local taxes)**

| ITEM NO.<br>(a)                  | SUPPLIES/ SERVICES<br>(b) | QUANTITY<br>(c) | UNIT<br>(d) | UNIT PRICE<br>(e) | AMOUNT<br>(f) |
|----------------------------------|---------------------------|-----------------|-------------|-------------------|---------------|
| See attached continuation sheets |                           |                 |             |                   |               |

|                                 |                         |                         |                         |                  |            |
|---------------------------------|-------------------------|-------------------------|-------------------------|------------------|------------|
| 12. DISCOUNT FOR PROMPT PAYMENT | a. 10 CALENDAR DAYS (%) | b. 20 CALENDAR DAYS (%) | c. 30 CALENDAR DAYS (%) | d. CALENDAR DAYS |            |
|                                 |                         |                         |                         | NUMBER           | PERCENTAGE |

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

|                                |          |             |  |  |                           |  |
|--------------------------------|----------|-------------|--|--|---------------------------|--|
| 13. NAME AND ADDRESS OF QUOTER |          |             | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION |  | 15. DATE OF QUOTATION     |  |
| a. NAME OF QUOTER              |          |             | 16. SIGNER   |  | b. TELEPHONE<br>AREA CODE |  |
| b. STREET ADDRESS              |          |             |  |  |                           |  |
| c. COUNTY                      |          |             |  |  |                           |  |
| d. CITY                        | e. STATE | f. ZIP CODE | c. TITLE (Type or print)                             |  | NUMBER                    |  |

|  |   |                           |      |   |        |                 |  |
|--|---|---------------------------|------|---|--------|-----------------|--|
| STANDARD FORM 36 JULY 1966<br>GENERAL SERVICES ADMINISTRATION<br>FED. PROC. REG. (41 CFR) 1-16.101   |   | <b>CONTINUATION SHEET</b> |      | REF. NO. OF DOC. BEING CONT'D<br>N00173-13-Q-0059 |        | PAGE OF<br>2 11 |  |
| NAME OF OFFEROR CONTRACTOR   |   |                           |      |   |        |                 |  |
| All Quoters  |   |                           |      |   |        |                 |  |
| ITEM NO.   | SUPPLIES/SERVICES   | QUANTITY                  | UNIT | UNIT PRICE  | AMOUNT |                 |  |
| 0001   | BarrettHand BHS-280 Turn Key System with Integrated Tactile Sensing<br>Item # B4335 | 2                         | EA   |   |        |                 |  |
| 0002   | Finger Tip Torque Sensors for BarrettHand<br>Item # B0106                           | 2                         | EA   |   |        |                 |  |
| 0003   | Six-Axis Force/Torque (F/T) Sensor<br>Item # B4066                                  | 2                         | EA   |   |        |                 |  |
| Brand name or equal  |   |                           |      |   |        |                 |  |
| If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202)767-0367 or email: nicole.colemanAnrl.navy.mil.   |   |                           |      |   |        |                 |  |
| Any questions concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of RFQ. |   |                           |      |   |        |                 |  |